DETAILED MODEL PLAN (LIHEAP)

Idaho Low Income Home Energy Assistance Program FFY 2021 State Plan

Mandatory Grant Application SF-424

1a. Type of Submission: Plan 1b. Frequency: Annual

1c. Consolidated Application/Plan/Funding Request? Explanation: [No response needed #1c]

1d. Version: Initial

2. Date Received: [No response needed #2] [No response needed#3] 3. Applicant Identifier: **4a. Federal Entity Identifier:** [No response needed #4a] **4b. Federal Award Identifier:** [No response needed #4b]

State Use Only:

5. Date Received by State: [No response needed #5] **6. State Application Identifier:** [No response needed #6]

7. APPLICANT INFORMATION:

Idaho Department of Health and Welfare a. Legal Name:

b. EIN/TIN: 82-6000995 c. Organizational DUNS: 82-520-14-86

d. Address:

Division of Welfare Street 1:

Street 2: 450 West State Street, 2nd Floor

City: Boise County: Ada State: ID

Province: [No response needed]

United States Country: **ZIP Code:** 83720-0036

e. Organizational Unit:

Department Name: Idaho Department of Health and Welfare

Division Name: Division of Welfare

f. Name and contact information of person to be contacted on matters involving this application:

John

First Name: Last Name: Farley

Title: Program Manager

Organizational Affiliation: Idaho Department of Health and Welfare

Telephone: (208) 334-5739 (208) 334-5817 Fax:

Email: John.Farley@dhw.idaho.gov

8a. Type of Applicant: **State Government**

8b. Additional Description: [No response needed #8b] **9. Name of Federal Agency:** [No response needed #9]

10. CFDA Numbers and Titles:

CFDA Number: 93568

CFDA Title: Low-Income Home Energy Assistance **11. Descriptive Title of Applicant's Project**: [No response needed #11]

12. Areas affected by funding: State

13. Congressional Districts of:

a. Applicant: 2

b. Program/Project: Statewide

14. Funding Period:

a. Start Date: 10/01/2020 **b. End Date**: 09/30/2021

15. Estimated Funding:

a. Federal: \$0 **b. Match:** \$0

- 16. Is submission subject to review by State under Executive Order 12372 Process?
 - a. This submission was made available to the State under the Executive Order 12372

 Process for review on:
 - b. Program is subject to E.O. 12372 but has not been selected by State for review.
 - c. Program is not covered by E.O. 12372.
- 17. Is the Applicant delinquent on any Federal debt? No Explanation:
- 18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

I Agree

- ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.
- 18a. Typed or Printed Name and Title of Authorized Certifying Official:

Mr. Dave Jeppesen, Director

18b. Signature of Authorized Official:

18c. Telephone (area code, number and extension)

(208) 334-0633

18d. Email address:

Dave.Jeppesen@dhw.idaho.gov

18e. Date Report Submitted (Month, Day, Year)

DETAILED MODEL PLAN Low Income Home Energy Assistance Program (LIHEAP) 2021 State Plan

Section 1 Program Components

Program Components, 2605(a), 2605(b) (1) – Assurance 1, 2605(c) (1) (C)

1.1 Check which components you will operate under the LIHEAP program. (Note: You must provide information for each component designated here as requested elsewhere in this plan.)

Dates of Operation

\boxtimes	Heating assistance	Start date: 10/01/2020	End date: 09/30/2021
	Cooling assistance	Start date:	End date:
	Crisis assistance	Start date: 10/01/2020	End date: 09/30/2021
	Weatherization assistance	Start date: 10/01/2020	End date: 09/30/2021
Provid	e further explanation for the	dates of operation, if necessa	ry:
	nd date for heating assistance greceived.	is estimated. This category is	dependent on the amount of
16 1.2 Es [.] wi	timate what amount of availa		605(b)(16) – Assurances 9 and for each component that you 0%.
<u> </u>	6 cooling assistance		
<u>11</u> 9	6 crisis assistance		
<u> </u>	6 weatherization assistance		
<u> </u>	6 carryover to the following fe	ederal fiscal year	
9%	6 administrative and planning	costs	
<u> </u>	6 services to reduce home end	ergy needs including needs as	sessment (Assurance 16)
<u> </u>	6 used to develop and implem	ent leveraging activities	
100 9	% TOTAL		

1.3 The	ate Use of Crisis Ass e funds reserved for reprogrammed to:			• •	been expended by March	າ 15
☐ W	eating assistance eatherization assista oling assistance ner (specify):					
1.4 Do		holds catego	rically eligibl	e if one hou	A), 2605(b)(8A) – Assuran sehold member receives o Yes Xo	
If you a		uestion 1.4, stions 1.5 and		nplete the t	able below and answer	
			1	1	T	
		Heating	Cooling	Crisis	Weatherization	
	TANF					
	SSI					
	SNAP					
	Means-tested					
	veteran's					
	program					
	Other (Specify):					
1.5 Do	you automatically e Yes No - If yes, explain:	enroll househ	olds without	a direct anr	nual application?	
housel	=				of categorically eligible en determining eligibility	and
	Nominal Payments Do you allocate LIHE Yes No	EAP funds to	ward a nomir	nal payment	for SNAP households?	
and 1.					sponse to questions 1.7b,	1.7c,
17.c Fr	equency of Assistan	ce:				

Once per year
Once every five years
Other (describe):

1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?

Determination of Eligibility – Countable Income
1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?
Gross Income
☐ Net Income
1.9. Select all of the applicable forms of countable income used to determine a household's income
eligibility for LIHEAP.
Self-employment income
Contract income
Payments from mortgage or sales contracts
Unemployment Insurance
Strike pay
Social Security Administration (SSA) benefits
☐ Including MediCare deduction ☐ Excluding MediCare deduction ☐ Supplemental Security Income (SSI)
Retirement / pension benefits
General Assistance benefits
Temporary Assistance for Needy Families (TANF) benefits
Supplemental Nutrition Assistance Program (SNAP) benefits
Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
Loans that need to be repaid
Cash gifts
Savings account balance
One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund
deposits, etc.
Jury duty compensation
Rental income
Income from employment through Workforce Investment Act (WIA)
 ☐ Income from work study programs ☐ Alimony
Child support
Interest, dividends, or royalties
Commissions
Legal settlements
Insurance payments made directly to the insured
Insurance payments made specifically for the repayment of a bill, debt, or estimate
Veterans Administration (VA) benefits
Earned income of a child under the age of 18
Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn
without a penalty.
Income tax refunds
Stipends from senior companion programs, such as VISTA
Funds received by household for the care of a foster child
Ameri-Corp Program payments for living allowances, earnings, and in-kind aidReimbursements (for mileage, gas, lodging, meals, etc.)
Other

Section 2 - HEATING ASSISTANCE

Eligibility, 2605(b)(2) – Assurance 2

2.1 Designate the income eligibility threshold used for the heating component:

Household Size	Eligibility Guideline	Eligibility Threshold
All Household Sizes	HHS Poverty Guidelines	60% of State Median Income

2.2 Do you have additional eligibility requirements for HE	ATING AS		ANCE? No
2.3 Check the appropriate boxes below and describe the	policies fo		ch.
 Do you require an assets test? 		NO 	
 Do you have additional/differing eligibility policies Renters? Renters living in subsidized housing? Renters with utilities included in the rent? 			
 Do you give priority in eligibility to: Elderly? Disabled? Young children? Households with high energy burdens? Other? 			
Explanation of policies for each "Yes" checked above:			
Determination of Benefits, 2605(b)(5) – Assurance 5, 26 2.4 Describe how you prioritize the provision of heating a e.g., benefit amounts, application period, etc.		-	ulnerable households,
We estimate approximately three-quarters of families where year have one or more vulnerable members in the house eligible for a LIHEAP benefit receive increased funding the by the State. The target amount for the program year is \$	hold. All rough a ta	vulne	erable households
2.5 Check the variables you use to determine your benef	it levels. (Chec	k all that apply):
☐ Income ☐ Family (household) size ☐ Home energy cost or need: ☐ Fuel type ☐ Climate/region ☐ Individual bill ☐ Dwelling type ☐ Energy burden (% of income spent on	home en	ergy)	

				uded in rent both subsidized	
and n	and non-subsidized will receive the minimum benefit.				
	it Levels, 2605(b)(5) – Asso escribe estimated benefit l)(B)		
	\$ <u>100</u> Minimum be	nefit	\$ <u>TBD</u> N	Maximum benefit	
2.7 Do	you provide in-kind (e.g.,	blankets, space he	aters) and/or	other forms of benefits?	
LIHEA				emergency, a portion of the ges experienced by participant	
	on 3: COOLING ASSISTANCE				
_	ility, 2605(c)(1)(A), 2605(b		f		
3.1 D	esignate the income eligibi	iity threshold used	for the coolir	ig component:	
	Household Size	Eligibility Gu	ideline	Eligibility Threshold	
	Household Size	Eligibility Gu	ideline	Eligibility Threshold	
3.2 Do	Household Size o you have additional eligib				
		oility requirements	for COOLING Yes	ASSISTANCE? No	
	o you have additional eligib neck the appropriate boxes	bility requirements below and describ	for COOLING Yes	ASSISTANCE? No	
	o you have additional eligib	bility requirements below and describ	for COOLING Yes e the policies	ASSISTANCE? No s for each.	
	o you have additional eligible neck the appropriate boxes Do you require an assets Do you have additional/o Renters? Renters living in s	bility requirements below and describ	for COOLING Yes e the policies Yes olicies for:	ASSISTANCE? No s for each.	

Explanation of policies for each "Yes" checked above:

3.4 Describe how you prioritize the provision of cooling assistance to vulnerable households, e.g., benefit amounts, application periods, etc.

		5(b)(5) – Assurance 5, 2605(c)(1)					
اای و.و	3.5 Check the variables you use to determine your benefit levels. (Check all that apply): Income						
	Family (household) size						
	Home energy cost or need						
	Fuel type						
	Climate/regio	n					
	Individual bill						
	Dwelling type						
	= " ''	n (% of income spent on home e	nergy)				
	Energy need	,	3,,				
	Other (describ	e)					
		•					
	it Levels, 2605(b)(5) – Ass scribe estimated benefit l						
	\$ Minimum benefit \$ Maximum benefit						
3.7 Do	·	fans, air conditioners) and/or ot	her forms of benefits?				
If vac	describe						
If yes, describe. During a governor-declared disaster or state of emergency, a portion of the LIHEAP grant funds							
may be used for home heating supply shortages experienced by participant households.							
Thay be used for frome freating supply shortages experienced by participant frouseholds.							
Section 4: CRISIS ASSISTANCE							
	lity - 2604(c), 2605(c)(1)(A	N					
_		lity threshold used for the crisis	component:				
	orginate and modified engine.	,					
ſ	Household Size	Eligibility Guideline	Eligibility Threshold				
	All Household Sizes	HHS Poverty Guidelines	60% of State Median Income				

4.2 Provide your LIHEAP program's definition for determining a crisis.

Idaho defines a crisis as a situation where an eligible household:

- Is at risk of disconnection of utility service;
- Has had their utility service disconnected; or
- Has less than 48 hours of bulk fuel.

4.3 What constitutes a life-threatening crisis?

Idaho defines a life-threatening crisis as a situation where an eligible household contains at least one household member:

- 1. With an illness or medical condition that poses an immediate risk due to the loss of the energy source.
- 2. With a medical condition requiring the use of an energy source to operate a medical device or store medication.

Idaho also considers it a life-threatening situation when the household has less than 18 hours of bulk fuel during the heating season.

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? <u>48</u> Hours
4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? <u>18</u> Hours
Crisis Eligibility, 2605(c)(1)(A) 4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE? Yes No
 4.7 Check the appropriate boxes below and describe the policies for each. ■ Do you require an assets test? Yes No
Do you give priority in eligibility to:
 Elderly? Disabled? Yes No Young children? Households w/high energy burdens? Yes No Other? Yes No No
 In order to receive crisis assistance: Must the household have received a shut-off notice or have a near empty tank? Yes No
 Must the household have been shut off or have an empty tank? Yes No
 Must the household have exhausted their heating assistance benefit? Yes No
 Must renters with heating costs included in their rent have received an eviction notice?
 Must the household have non-working heating or cooling equipment? Yes No
Other? Must have a utility bill in arrears Yes No
 Do you have additional/differing eligibility policies for: Renters? Renters living in subsidized housing? Renters with utilities included in the rent?

Explanations of policies for each "yes" checked above:

The intake process for crisis application uses the same intake process as heating assistance benefits. Households applying for crisis benefits must show they have a bill arrears, at risk of losing energy services, or have already lost services.

Determination of Benefits		
4.8 How do you handle crisis s	ituations?	
Separate compone	nt	
Fast Track		
Other - Describe: _		
4.9 If you have a separate com	ponent, how	do you determine crisis assistance benefits?
Amount to resolve	-	,
$\overline{\boxtimes}$ Other - Describe: $_$	Γhe benefit w	ill be the amount to resolve the crisis, up to
\$3500.00.		
Crisis Requirements, 2604(c)		
•	ns for energy (crisis assistance at sites that are geographically
accessible to all households in		
∑ Yes ☐ No – It	no, explain:	
4.11 Do you provide individual	ls who are ph	usically disabled the means to:
		nefits without leaving their homes?
		If no, explain.
<u> </u>		The complaint
 Travel to the sites a 	ıt which appli	cations for crisis assistance are accepted?
∑ Yes	☐ No -	If no, explain.
If you are suggested IINIa II to be atte		saking 4.44 mlanga sumlain alkawastina magana af
intake to those who are home	-	estion 4.11, please explain alternative means of sically disabled?
meake to those who are nome	souria or priy	sically disubled.
Benefit Levels, 2605(c)(1)(B)		
4.12 Indicate the maximum be	nefit for each	type of crisis assistance offered.
Winter Crisis	Ś	maximum benefit
	T	
Summer Crisis	\$	maximum benefit
Year-round Crisis	\$ 3500	.00 maximum benefit
	Ť <u></u>	
4.13 Do you provide in-kind (e	.g. blankets, s	pace heaters, fans) and/or other forms of benefits
∑ Yes ☐ No		
If was also with a		
If yes, describe:	caster or state	e of emergency, a portion of the LIHEAP grant fund
Daring a governor acciding all	JUJICI DI JIAK	, or concretincy, a portion of the Entern grafit fulle

4.14 Do you provide for equipment repair or replacement using crisis funds?

may be used for home heating supply shortages experienced by participant households.

	Crisis	round Crisis
		Х
		Х
		Х
		Х
		X
		X
		Х
force a winter m		

Households that include elderly, disabled or children Athat are customers of a regulated utility qualify. The plan allows you to pay less than the full amount of your bill during the winter months (November 1 through March 31). Regulated utilities also are not allowed to discontinue services to customers with a past due amount during the moratorium if the customer contacts a regulated utility to declare they are unable to pay.

Section 5: WEATHERIZATION ASSISTANCE

Eligibility, 2605(c)(1)(A), 2605(b)(2) – Assurance 2

5.1 Designate the income eligibility threshold used for the Weatherization component:

Household Size	Eligibility Guideline	Eligibility Threshold
All Household Sizes	HHS Poverty Guidelines	200.00%

5.2 Do you enter into an interagency agreement to have another government agency administer a <u>WEATHERIZATION component</u> ? Yes No
5.3 If yes, name the agency.
5.4 Is there a separate monitoring protocol for weatherization? Yes No
WEATHERIZATION - Types of Rules 5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.) Entirely under LIHEAP (not DOE) rules Entirely under DOE WAP (not LIHEAP) rules Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ: (Check all that apply.) Income Threshold Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days. Weatherize shelters temporarily housing primarily low-income persons (excluding nursing homes, prisons, and similar institutional care facilities) Other − Describe: Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ: (Check all that apply.) Income Threshold Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit. Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards. Other − Describe: Agencies may use a Grantee-Approved "Deemed Measures" List as an alternative to completing a full energy audit, if dwellings are weatherized solely using LIHEAP funds.
Eligibility, 2605(b)(5) – Assurance 5 5.6 Do you require an assets test? Yes No
 Do you have additional/differing eligibility policies for: Renters? Yes ⋈ No Renters living in subsidized housing? Yes ⋈ No
 Do you give priority in eligibility to: Elderly? Yes No No Disabled? Yes No Young children? Yes No Households with high energy burdens? Yes No Other? Yes No

If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.

Applicants that rent their homes are required to obtain an Owner and Renter Agreement as outlined in the DOE-Approved Idaho Weatherization Operations Manual (IWOM).

Idaho considers the presence of elderly, disabled or young children in the household as well as households with high energy burdens as priority demographics for weatherization prioritization.

Benefit Levels 5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? ☐ Yes ☐ No					
5.10 What is the maximum amount? \$ N/A					
Types of Assistance, 2605(c)(1), (B) & (D) 5.11 What LIHEAP weatherization measures do yo	u provide? (Check all categories that apply.)				
Weatherization needs assessments/audits	Energy related roof repair				
□ Caulking and insulation	Major appliance repairs				
Storm windows	Major appliance replacement				
Furnace/heating system					
modifications/repairs Furnace replacement	□ Doors □ Materials actor				
Other (describe) Compact florescent light bulbs					
Section 6: Outreach, 2605(b)(3) – Assurance 3, 2605(c)(3)(A) 6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available: Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.					
Publish articles in local newspapers or broadca	st media announcements.				
☐ Include inserts in energy vendor billings to info of LIHEAP assistance.	rm individuals of the availability of all types				

Mass mailing(s) to prior-year LIHEAP recipients.
$\ \ \ \ \ \ \ \ \ \ \ \ \ $
Execute interagency agreements with other low-income program offices to perform outreach to target groups.
Other (specify):
Section 7: Coordination, 2605(b)(4) – Assurance 4 7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.)
Joint application for multiple programs Intake referrals to/from other programs One-stop intake centers Other – describe:
Section 8: Agency Designation, 2605(b)(6) – Assurance 6 (required for state grantees and the
Commonwealth of Puerto Rico) 8.1 How would you categorize the primary responsibility of your State agency? Administration Agency Commerce Agency Community Services Agency Energy/Environment Agency Housing Agency Welfare Agency Other – describe:
Alternate Outreach and Intake, 2605(b)(15) – Assurance 15 If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.
8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?
8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?
8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?
8.5 LIHEAP Component Administration.
Heating Cooling Crisis Weatherization

8.5a Who determines client	Community	N/A	Community	Community
eligibility?	Action		Action	Action Agencies;
	Agencies;		Agencies;	Non-profits
	Non-profits		Non-profits	
8.5b Who processes benefit	State	N/A	State	N/A
payments to gas and electric	Grantee		Grantee	
vendors?				
8.5c Who processes benefit	State	N/A	State	N/A
payments to bulk fuel vendors?	Grantee		Grantee	
8.5d Who performs installation of	N/A	N/A	N/A	Community
weatherization measures?				Action Agencies;
				Non-profits;
				Other

If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.

8.6 What is your process for selecting local administering agencies?

In Idaho, Community Action Agencies are exempt from the bidding process for subgrants. In the Department of Purchasing bid exemption, Community Action Agencies are defined as follows:

 Community Action Agencies -- Community action agencies and other neighborhoodbased organizations providing direct services as detailed in the CSBG Act, Public Law 105-285 (42 US Code 9901); community action associates who provide CSBG administrative oversight responsibilities.

8.7 How many local admir 7 (seven)	nistering agenci	es do you use?	
8.8 Have you changed any Yes No		ring agencies from la	st year?
= ' '	er criminal inves		ments for LIHEAP
9.1 Do you make payment			
Heating		☐ No	
Cooling	Yes	⊠ No	
Crisis	Yes	☐ No	

	Are there exceptions? 🖂 Yes 📗 No
	If yes, describe: Idaho makes payments directly to participants when the household benefit is for heat in rent or the household utilizes bulk fuel.
	9.2 How do you notify the client of the amount of assistance paid?
	All participants receive a benefit determination letter either in-person or by mail.
	9.3 How do you assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment?
	Home energy suppliers are required to enter into a vendor agreement with the Grantee to ensure that program eligible households are treated fairly and not discriminated against in the cost of goods or services provided and that the full amount of assistance is applied to the household account.
	9.4 How do you assure that no household receiving LIHEAP heating assistance under this title will be treated adversely because of their receipt of LIHEAP heating assistance?
	The signed vendor agreement contains language that ensures program eligible households are treated fairly and not discriminated against in the cost of goods or services provided and that the full amount of LIHEAP heating assistance is applied to the household account.
	9.5 Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households? ☐ Yes ☑ No
	If so, describe the measures unregulated vendors may take.
	Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10) – Assurance 10 10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?
	Fiscal activities are monitored throughout the year. Additional monitoring is performed annually. Monitoring includes an in-depth financial review of the program year.
	Program activities are monitored during the season using Idaho's state-wide data tracking system that monitors program activities in near-real time.
10.	Audit Process 2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A- 133? ☐ Yes ☐ No
10.	3. Describe any audit findings rising to the level of material weakness or reportable condition

cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or

other government agency reviews of the LIHEAP agency from the most recently audited federal fiscal year.

No findings 🔀

Finding	Туре	Brief Summary	Resolved?	Action Taken
	(choose one of the following: financial; monitoring; reporting; other):		(choose one of the following: yes; no; in progress):	(choose one of the following: staffing/management changes; training changes; procedure/policy changes):

		istering Agencies			
What types	of annual auc	lit requirements do	you have in pla	ace for local a	administering
agencies/dis	trict offices?	Select all that app	ly.		
🔀 Local ag	gencies/distri	ct offices are requi	red to have an a	annual audit i	n compliance with the
Single Audit	Act and OMP	3 Circular A-133.			
Local ag	encies/distric	t offices are requir	ed to have an a	nnual audit (other than A-133).
Local ag	gencies/distri	ct offices' A-133 or	other independ	dent audits a	re reviewed by Grantee
as part of co	mpliance pro	cess.			
	conducts fisc	cal and program mo	onitoring of loca	al agencies/d	istrict offices.
Compliance	Monitoring				
10.5. Desc	ribe the Gran	tee's strategies for	monitoring con	mpliance with	the Grantee's and
		nd procedures: Sel	•	•	
		, , , , , , , , , , , , , , , , , , ,		. 7	
Grantee em	ployees:				
Internal	program revi	ew			
Departm	nental oversig	ght			
Seconda	ry review of	invoices and payme	ents		
=	•	w mechanisms are		ibe:	
	J		·		
Local Admin	istering Agen	cies/District Office	s:		
On-site	evaluation	•			
Annual	program revi	ew			
=	-	Central Database			
Desk re					

10.6 Explain, or attach a copy of, your local agency monitoring schedule and protocol.

Client File Testing/Sampling

Describe:

Other program review mechanisms are in place.

Community Action Partnership	March 13, 2021
Eastern Idaho Community Action Partnership	March 20, 2021
El-Ada Community Action	April 3, 2021
South Central Community Action Partnership	April 1, 2021
SouthEastern Idaho Community Action	March 21, 2021
Agency	
Western Idaho Community Action	April 5, 2021
Partnership	

LIHEAP is reviewed monthly through quality assurance reviews of participant files during the heating season. Regular quality assurance activities are completed throughout the program year and included in reports submitted to the Department. Annual monitoring reviews are completed and include participant file reviews, desk review of policy, processes and procedures, fiscal/administrative and program/contractual compliance.

- **10.7** Describe how you select local agencies for monitoring reviews? All agencies are monitored.
- **10.8** How often is each local agency monitored? At least, annually.
- 10.9 What is the combined error rate for eligibility determinations? OPTIONAL
- 10.10 What is the combined error rate for benefit determinations? OPTIONAL
- **10.11** How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues?

0 (zero)

10.12 How many local agencies are currently on corrective action plans for financial accounting or administrative issues?

0 (zero)

Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

${f 11.1}$ How did you obtain input from the public in the development of your LIHEAP ${f r}$	plan?
Select all that apply:	

	Tribal Council meeting(s)
\geq	Public Hearing(s)
\geq	Draft Plan posted to website and available for comment
\geq	Hard copy of plan is available for public view and comment
	Comments from applicants are recorded
\geq	Request for comments on draft Plan is advertised
\geq	Stakeholder consultation meeting(s)
	Comments are solicited during outreach activities
	Other, describe:

11.2 What changes did you make to your LIHEAP plan as a result of this participation?

Public Hearings, 2605(a)(2) – For States and the Commonwealth of Puerto Rico only

11.3 List the date(s) and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?

Date	Event Description		
08/04/20	PY 21 LIHEAP Public Hearing held at 450 W State Street, 2 nd Floor,		
	Boise, ID		

- 11.4 How many parties commented on your plan at the hearing(s)?0 (zero)
- 11.5 Summarize the comments you received at the hearing(s).
 N/A

What changes did you make to your LIHEAP plan as a result of the comment received at the public hearing(s)?

None.

Section 12: Fair Hearings, 2605(b)(13) – Assurance 13

- **12.1** How many fair hearings did the grantee have in the prior Federal fiscal year? 1 (one)
- **12.2** How many of those fair hearings resulted in the initial decision being reversed? 0 (zero)
- **12.3** Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?

None

12.4 Describe your fair hearing procedures for households whose applications are denied.

Process for households whose applications are denied:

The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the formal 'Notice of Denial' letter. If the participant feels they were wrongly denied services, the direct service provider holds a conference with the participant to attempt to resolve their appeal. If unresolved, the direct service provider assists the household with completing and mailing the appeal form to the Department of Health and Welfare's Fair Hearing Unit. Upon receipt of the participant's appeal request, the Department of Health and Welfare proceeds with the standard fair hearing procedure as outlined in the section below. To accommodate the applicant, hearings are conducted through a telephone conference.

Standard fair hearing procedure:

Administrative fair hearings are available to any household applying for or receiving a LIHEAP benefit in accordance with Idaho Administrative Code. Any program applicant or recipient may

request a hearing. Included with all determination notices is a form that instructs customers how to request a hearing if they disagree with the action taken by the Department or if they feel they have been discriminated against. Fair Hearing Requests must be received within 30 days of the determination and can be submitted using the Department's Hearing Request Form (HW-0406) by submitting in writing their name, address and phone number, and the remedy requested, or by making a verbal request for a fair hearing with the Department. Once a fair hearing request is received, the Department acknowledges the fair hearing request and has 30 days to schedule a hearing. The Department contacts each individual before scheduling the hearing to discuss the basis of the hearing, address the customers concerns and clarify the action taken by the Department. If the individual does not request to withdraw their hearing request at that time, the hearing will take place as scheduled. The hearing is conducted by a hearing officer. Once the hearing has taken place the hearing officer has 30 days to file a preliminary order, which is distributed to both the Department and the individual. The individual will receive a written copy of the hearing decision by mail. If the individual does not agree with the hearing officer's decision, he or she has an opportunity to appeal the decision with a Petition for Review. These appeals are managed by the office of the Director of Health and Welfare and the Deputy Attorney General.

Division of Welfare- Time for filing appeal: A decision issued by the Department in a Division of Welfare program will be final and effective unless an individual or representative appeal within thirty (30) days from the date the decision was mailed, except that a recipient or applicant for food stamps has ninety (90) days to appeal. An individual or representative may also appeal when the Department delays in making an eligibility decision or making payment beyond the limits specified in the program within thirty (30) days after the action would have been taken if the Department had acted in a timely manner.

12.5 When and how are applicants informed of these rights?

Fair hearing notices are posted in local agency offices and satellite offices in the intake area, intake work stations and/or lobby area. Agencies who serve limited English proficiency applicants provide this information in Spanish. The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial.' The eligibility notice and the 'Notice of Denial' are provided in Spanish to households who indicate their primary language is Spanish.

12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.

If the participant feels that their benefits were in an untimely manner, the direct services provider holds a conference with the participant to attempt to resolve their appeal. If unresolved, the direct service provider assists the household with completing and mailing the appeal form to the Department of Health and Welfare's Fair Hearing Unit. Fair Hearing Requests must be received within 30 days of the determination and can be submitted using the Department's Hearing Request Form (HW-0406) by submitting in writing their name, address and phone number, and the remedy requested, or by making a verbal request for a fair hearing with the Department. Once a fair hearing request is received, the Department acknowledges the fair hearing request and has 30 days to schedule a hearing. The Department contacts each individual before scheduling the hearing to discuss the basis of the hearing, address the customers concerns and clarify the action taken by the Department. If the individual does not request to withdraw their hearing request at that time, the hearing will take place as scheduled.

The hearing is conducted by a hearing officer. Once the hearing has taken place the hearing officer has 30 days to file a preliminary order, which is distributed to both the Department and the individual. The individual will receive a written copy of the hearing decision by mail. If the individual does not agree with the hearing officer's decision, he or she has an opportunity to appeal the decision with a Petition for Review. These appeals are managed by the office of the Director of Health and Welfare and the Deputy Attorney General.

12.7 When and how are applicants informed of these rights?

The household is given an eligibility notice upon completion of their application. The participant's appeal rights are included on the eligibility notice and on the 'Notice of Denial.'

Section 13: Reduction of home energy needs, 2605(b)(16) – Assurance 16

13.1 Describe how you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance?

DSPs provide ancillary services to encourage and enable households to reduce their home energy consumption to include:

- Provide information on level payment plans during energy education, targeted to vulnerable populations and fixed income participants;
- Purchasing low cost/no cost energy conservation measures for non-regulated electric utilities;
- Leverage supplemental payments for participants who were unable to obtain LIHEAP heating assistance benefits or for whom a LIHEAP heating assistance benefit was insufficient to prevent/resolve a heating emergency;
- Assessment of home energy use;
- Referral to the Weatherization Assistance Program;
- Provide centralized energy education classes to outreach sites
- Tailoring outreach to target households of specific utilities to increase participation in utility funded energy conservation programs;
- Advocate on behalf of households with home energy vendors to prevent disconnection

13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?

Each budget component is assigned a Program Cost Accounting (PCA) code. Expenditures applicable to these activities are coded to the specific PCA. The fiscal accounting of the Direct Service Providers is monitored to ensure costs are coded to the appropriate PCA for the type of activity being billed.

13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.

In 2019, Assurance 16 services were provided to 64% of households. The data collection occurred by tracking services statewide in the database.

To assess the impact of Assurance 16 services, 1,877 Assurance 16 service recipients were surveyed in March 2019. Of the 1,877 surveys sent out, 181 clients returned complete surveys. Participants were asked to assess Energy Saving Education Information, Energy Costs Budget or Financial Counseling, Energy Kit, Material Use Education, Assistance with the home energy vendor (to avoid disconnection), Establish Utility payment arrangement, Referral to other sources of utility assistance, Home Weatherization needs assessment and referral.

Across the 7 categories of Assurance 16 services, the average reduction in energy costs reported by participants was 3.03 on a scale of 1 to 5 with 1 being no noticeable reduction in costs and 5 being a large reduction in costs. Looking at the services as a group offered under Assurance 16 reveals overall satisfactory impact reported at the participant level.

Advocacy with home energy vendors to avoid disconnection was rated most effective by participants. Of the Assurance 16 services currently offered, home energy vendor advocacy to avoid disconnection is the most immediate outcome focused and meets a critical household need in addition to resulting in lower energy costs. Home weatherization needs assessment and referral shows the highest proportion of 1 ratings. Due to the extensive wait lists and requirement of referral for high energy burden households to Weatherization, many LIHEAP heating assistance participants receive this Assurance 16 service without immediate outcomes.

13.4	Describe the	level of di	irect benefits	provided to	those h	ouseholds in	the previous	Federal
fisca	al year.							

N/A

13.5 How many households applied for these services? N/A

13.6 How many households received these services? In PY19, 19,622 households received Assurance 16 services.

Section 14: Leveraging Incentive Program, 2607(A)

14.1	Do	you	plan	to	submit an	applicati	ion for	the le	veraging	incentive	progr	am?
	\boxtimes	Ye	S		No							

14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.

Direct Service Providers pursue enhanced heat and weatherization funding through leveraging activities according to the guidelines set in the LIHEAP regulations outlined in 45 CFR 96.87, in DOE Grant Guidance and 10 CFR 440. Direct Service Providers will ensure all funds obtained from leveraging are used to increase LIHEAP impact on heating assistance and expand energy efficiency services and/or increase the number of dwelling units receiving weatherization services.

14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following:

What is the type of resource or benefit?	What is the source(s) of the resource?	How will the resource be integrated and coordinated with LIHEAP?
1-Cash donations 2-Discounts and/or Waivers	Community Members Local Businesses	Cash donations are used to offset utility bill assistance to low income households. Discounts and/or waivers provided to low income households to increase impact of utility bill
3-Volunteer Time	Community Members	assistance. Donation of time and talent to the agency by community members to provide firewood to lowincome households referred by agency to partner organization.
4-Utility Funding for Weatherization	Local Businesses	Funding allocated to agencies by utilities to be used to provide weatherization services to low-income housing.
5-Donated Winter Clothing/Blankets	Community Members	Donations of warm clothing and blankets to agency to be used to benefit low-income households and individuals.
6-Energy Education Funding	Regulated electric utilities	Avista, Idaho Power and Rocky Mountain Power provide funding to agencies who determine whether to provide individualized education, host energy education events, develop printed materials or provide energy conservation kits to distribute to utility customers to increase impact of utility bill assistance through energy conservation and education.
7-Donated Services	Community Members	Donated services to low income households to increase the impact of utility bill assistance.
8-Housing Preservation Grant	Grant Funding	Allows weatherized homes to get non-energy improvements to improve dwelling durability.
9-Landlord Contribution to Weatherization	Community Members	Contribution of funds to agency toward weatherization of rental units and/or provision of repair that resulted in weatherization services to low-income households
10-Material Donations	Local Businesses	Contribution of materials to weatherization agencies to increase dwelling durability, comfort and provide measures which are not allowable with federal funds.

Section 15: Training

15.1	Describe the training you	provide for each	of the following group	
12.1	Describe the training you	provide for each	of the following atout	15.

a.	Grantee Staff:
	Formal training on grantee policies and procedures
	How often?
	Annually
	Biannually
	As needed

	Other – Describe:
	Employees are provided with policy manual Other – Describe:
	b. Local Agencies:
	Formal training conference
	How often?
	Annually
	Biannually
	As needed
	Other – Describe:
	On-site training
	How often?
	Annually
	Biannually
	🔀 As needed
	Other – Describe: Training is provided at least annually. Subgrantee
	staff may request or receive additional training as needed.
	Employees are provided with policy manual
	Other – Describe:
	c. Vendors
	Formal training conference
	How often?
	Annually
	Biannually
	As needed
	Other – Describe:
	Policies communicated through vendor agreements
	Policies are outlined in a vendor manual
	Other – Describe:
15.2	Does your training program address fraud reporting and prevention?
	Yes No

Section 16: Performance Goals and Measures, 2605(b) - Required for States only

16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming Federal fiscal year.

Idaho continues to collect data on the four required LIHEAP performance measures. The four required measures are as follows:

- Energy Burden Targeting (all households)
- Energy Burden Targeting (high burden households)
- Restoration of Home Energy Service

• Prevention of Loss of Home Energy Service

For FFY 2020, the statewide database has been updated to collect occupancy metrics in order to streamline intake and make eligibility determinations.

Idaho evaluates data collection related to federal reporting requirements quarterly to minimize inaccurate data. This is expected to continually improve the quality of data collected within the statewide database.

Idaho's LIHEAP intake manual is reviewed annually to include any policy and/or process improvements to support integrity of data collection. Collection of the four data points related to the Performance Data form were incorporated in to this policy manual. This manual is used by LIHEAP intake staff and program managers. Idaho hosts a de-brief meeting after the close of the heating season to discuss challenges with program delivery and to identify solutions which are then incorporated in to the policy manual to ensure high-quality program implementation and accurate data collection.

Modified Vendor Agreements: Idaho's vendor agreements identify the new data elements and established data reporting requirements. All vendors with a signed agreement will be required to submit data to the Department on an annual basis. Idaho continues to work with vendors to address challenges and/or concerns that arise regarding reporting requirements. Per the agreement, vendors are required to submit their data reports annually. The data will be analyzed in preparation for reporting on the LIHEAP Performance Measures report.

Idaho will continue to review LIHEAP performance measure data to aid in interpreting the state's approach to enhancing LIHEAP program delivery.

Section 17: Program Integrity, 2605(b)(10)

17.1. Fraud Reporting Mechanisms

a.	Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.
	 ○ Online Fraud Reporting ○ Dedicated Fraud Reporting Hotline ○ Report directly to local agency/district office or Grantee office ○ Report to State Inspector General or Attorney General ○ Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse. ○ Other – describe:
b.	Describe strategies in place for advertising the above-referenced resources. Select all that apply.
	 □ Printed outreach materials □ Addressed on LIHEAP application ☑ Website ☑ Other – describe: Idaho statewide 2-1-1 customer care-line.

17.2. Identification Documentation Requirements

a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

Type of Identification	Collected from Whom?				
Type of Identification Collected	Applicant Only	All Adults in HH	All Household Members		
Social Security Card is	Required	Required	Required		
photocopied and retained	Requested	Requested	Requested		
Social Security Number	Required	Required	Required		
(without actual card)	Requested	Requested	Requested		
Government-issued identification card (i.e.:	Required	Required	Required		
driver's license, state ID, Tribal ID, passport, etc.)	Requested	Requested	Requested		
Other:					
Documented Refugees and Lawful Permanent Resident (LPR) visa	Required	Required	Required		

b. Describe any exceptions to the above policies.

• Applicants do not have to provide a SSN if it is against their religious or political beliefs to do so. If an applicant is living temporarily in the United States for work or educational purposes, providing a SSN is not required. The reason that an applicant did not provide a SSN must be documented in the "Case Notes" section of the intake database. The database does have the ability to assign a unique identifier to applicants who do not provide a SSN during program intake. At least one member of the household is required to give their Social Security number. If a household has only one member, that person must provide their Social Security number, or they will be unable to participate in the LIHEAP program.

17.3. Identification Verification

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply.

	Verify SSNs with Social Security Administration
	Match SSNs with death records from Social Security Administration or state agency
\boxtimes	Match SSNs with state eligibility/management system (e.g., SNAP, TANF)
	Match with state Department of Labor system
	Match with state and/or federal corrections system
	Match with state child support system
	Verification using private software (e.g., The Work Number)

In-person certification by staff (for tribal grantees only)
☐ Match SSN/Tribal ID number with tribal database (for tribal grantees only) ☐ Other – describe: In-person certification by staff, duplicate SSN check in statewide database.
17.4. Citizenship/Legal Residency Verification
What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.
 ☐ Clients sign an attestation of citizenship or legal residency ☐ Client's submission of Social Security cards is accepted as proof of legal residency ☐ Noncitizens must provide documentation of immigration status ☐ Citizens must provide a copy of their birth certificate, naturalization papers, or passport ☐ Noncitizens are verified through the SAVE system ☐ Tribal members are verified through Tribal database/Tribal ID card ☐ Other – describe: For categorically eligible households, state eligibility system provides verification through SSA and SAVE interfaces.
17.5. Income Verification
What methods does your agency utilize to verify household income? Select all that apply. ☐ Require documentation of income for all adult household members ☐ Pay stubs ☐ Social Security award letters ☐ Bank statements ☐ Tax statements ☐ Zero-income statements ☐ Unemployment Insurance letters ☐ Other − describe: ☐ Computer data matches: ☐ Income information matched against state computer system (e.g., SNAP, TANF) ☐ Proof of unemployment benefits verified with state Department of Labor ☐ Social Security income verified with SSA ☐ Utilize state directory of new hires
Other – describe:
17.6. Protection of Privacy and Confidentiality
Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. ☐ Policy in place prohibiting release of information without written consent ☐ Grantee LIHEAP database includes privacy/confidentiality safeguards ☐ Employee training on confidentiality for: ☐ Grantee employees ☐ Local agencies/district offices ☐ Employees must sign confidentiality agreement
~ 1

	Grantee employees Local agencies/district offices Physical files are stored in a secure location Other – describe: Electronic files are uploaded and stored in the statewide database which udes privacy/confidentiality safeguards.
17.7.	Verifying the Authenticity of Energy Vendors
Wha	at policies are in place for verifying vendor authenticity? Select all that apply. All vendors must register with the State All vendors must supply a valid SSN or TIN/W-9 form Vendors are verified through energy bills provided by the household Grantee and/or local agencies/district offices perform physical monitoring of vendors Other – describe, and note any exceptions to policies above:
17.8.	Benefits Policy – Gas and Electric Utilities
	at policies are in place to protect against fraud when making benefit payments to gas and ctric utilities on behalf of clients? Select all that apply. Applicants required to submit proof of physical residency Applicants must submit current utility bill Data exchange with utilities that verifies: Account ownership Consumption Balances Payment history Account is properly credited with benefit Other – describe:
	Centralized computer system/database tracks payments to all utilities Centralized computer system automatically generates benefit level Separation of duties between intake and payment approval Payments coordinated among other heating assistance programs to avoid duplication of
	ments Payments to utilities and invoices from utilities are reviewed for accuracy Computer databases are periodically reviewed to verify accuracy and timeliness of
clos	
	Vendor agreements specify requirements selected above, and provide enforcement chanism Other – describe:

17.9. Benefits Policy — Bulk Fuel Vendors

What procedures are in place for averting fraud and improper payments when dealing with	
bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that	эt
apply.	
Vendors are checked against an approved vendors list	
Centralized computer system/database is used to track payments to all vendors	
Clients are relied on for reports of non-delivery or partial delivery	
Two-party checks are issued naming client and vendor	
Direct payment to households are made in limited cases only Vendors are only paid once they provide a delivery receipt signed by the client	
Conduct monitoring of bulk fuel vendors	
Bulk fuel vendors are required to submit reports to the Grantee	
Vendor agreements specify requirements selected above, and provide enforcement	
mechanism	
Other – describe:	
17.10. Investigations and Prosecutions	
Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and a sanctions placed on clients/staff/vendors found to have committed fraud. Select all that ap	•
Refer to state Inspector General Refer to local prosecutor or state Attorney General	
Refer to US DHHS Inspector General (including referral to OIG hotline)	
Local agencies/district offices or Grantee conduct investigation of fraud complaints from	1
public	•
Grantee attempts collection of improper payments. If so, describe the recoupment production	cess.
Clients found to have committed fraud are banned from LIHEAP assistance. For how long	
a household banned? 12 months	gıs
Control to with lead according to that any lead to have a granite of freedom	g is
Contracts with local agencies require that employees found to have committed fraud are	_
reprimanded and/or terminated	_
	_